

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern

District of Wisconsin  
(State)

Case number (if known): Chapter II

Check if this is an amended filing

## Official Form 205

# Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

### Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

Chapter 7  
 Chapter 11

### Part 2: Identify the Debtor

2. Debtor's name

NOVO Health Technology Group, LLC

3. Other names you know the debtor has used in the last 8 years

\_\_\_\_\_

Include any assumed names, trade names, or doing business as names.

\_\_\_\_\_

4. Debtor's federal Employer Identification Number (EIN)

Unknown

8 5 - 1 9 8 6 5 7 7 EIN

5. Debtor's address

Principal place of business

Mailing address, if different

691 South Green Bay Road #168

Number Street

Number Street

Neenah

City

WI 54956

State

City

State ZIP Code

Location of principal assets, if different from principal place of business

Winnebago

County

Number Street

City

State ZIP Code

Debtor NOVO Health Technology Group, LLC  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

6. Debtor's website (URL) \_\_\_\_\_

7. Type of debtor  Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business *Check one:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the types of business listed.  
 Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**Part 3: Report About the Case**

10. Venue

*Check one:*

Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
 A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

*At least one box must be checked:*

The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
 Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

No

Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor NOVO Health Technology Group, LLC  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Focus Solutions, LLC	Data Conversion	\$ 227,504
	NEW Tech Holdings, LLC	Data Integration Services	\$ 41,140
	Focus Systems, LLC	IT Help Desk Support	\$ 91,889.59
		Total of petitioners' claims	\$ 360,533.59

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

#### Part 4: Request for Relief

**WARNING** — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

#### Petitioners or Petitioners' Representative

#### Attorneys

##### Name and mailing address of petitioner

Focus Solutions, LLC  
Name \_\_\_\_\_  
171 Fox Shores Drive  
Number Street \_\_\_\_\_  
De Pere, WI 54115  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

##### Name and mailing address of petitioner's representative, if any

Bruce Schaumberg  
Name \_\_\_\_\_  
171 Fox Shores Drive  
Number Street \_\_\_\_\_  
De Pere \_\_\_\_\_ WI \_\_\_\_\_ 54115  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/04/2023  
MM / DD / YYYY

x Bruce E. Schaumberg  
Signature of petitioner or representative, including representative's title

James P. O'Neil

Printed name

O'Neil Law Offices

Firm name, if any

403 S. Jefferson Street

Number Street

Green Bay \_\_\_\_\_ WI \_\_\_\_\_ 54301

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone 920-432-6060 Email jamesponeil@aol.com

Bar number 1001924

State WI \_\_\_\_\_

x James P. O'Neil  
Signature of attorney

Date signed 04/04/2023  
MM / DD / YYYY

Debtor NOVO Health Technology Group, LLC Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

NEW Tech Holdings, LLC

Name \_\_\_\_\_

171 Fox Shores Drive

Number Street \_\_\_\_\_

De Pere WI 54115  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Bruce Schaumberg

Name \_\_\_\_\_

171 Fox Shores Drive

Number Street \_\_\_\_\_

De Pere WI 54115  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/04/2023  
MM / DD / YYYY



Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_



Signature of attorney \_\_\_\_\_

Date signed \_\_\_\_\_

MM / DD / YYYY

**Name and mailing address of petitioner**

Focus Systems, LLC  
Name \_\_\_\_\_

W5753 Firelane 12

Number Street \_\_\_\_\_

Menasha WI 54952  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Bruce E. Schaumberg

Name \_\_\_\_\_

171 Fox Shores Drive

Number Street \_\_\_\_\_

De Pere, WI 54115  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/04/2023  
MM / DD / YYYY



Signature of petitioner or representative, including representative's title

Printed name \_\_\_\_\_

Firm name, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_



Signature of attorney \_\_\_\_\_

Date signed \_\_\_\_\_

MM / DD / YYYY